Application Information

Application number:: Unassigned Filing Date:: June 22, 2001 Application Type:: Regular Utility

Subject Matter:: Suggested classification::

Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks::

Number of copies of CDs:: Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF:: Title::

RESPIRATORY SYNCYTIAL VIRUS VACCINES

3 Pages

Yes

Nο

No

EXPRESSING PROTECTIVE ANTIGENS FROM PROMOTER-PROXIMAL GENES

Attorney Docket Number:: 015280-424100US Request for Early Publication::

Request for Non-Publication:: No Suggested Drawing Figure:: Total Drawing Sheets:: 19 Small Entity?:: Nο

Latin name::

Variety denomination name::

Petition included?:: Petition Type::

Licensed US Govt. Agency:: Contract or Grant Numbers One::

Secrecy Order in Patent Appl.?:: No

Inventor Information

Inventor Authority Type:: Inventor Primary Citizenship Country:: Germany Status:: **Full Capacity** Given Name:: Christine Middle Name:: D.

Family Name:: Krempl Name Suffix::

City of Residence:: Rockville State or Prov. Of Residence:: MD

Street:: 12512 Village Square Terrace, Apt. 102

City:: Rockville State or Province:: MD Postal or Zip Code:: 20852

Page 1

Initial 6/22/01

Inventor Authority Type:: Primary Citizenship Country::

Status::

Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence::

State or Prov. Of Residence::

Street::

City::

State or Province:: Postal or Zip Code::

Inventor Authority Type:: Primary Citizenship Country::

Status:: Given Name:: Middle Name:: Family Name::

Name Suffix:

City of Residence::

State or Prov. Of Residence:: Street::

City::

State or Province:: Postal or Zip Code::

Inventor Authority Type:: Primary Citizenship Country::

Status:: Given Name::

Middle Name:: Family Name:: Name Suffix::

City of Residence:: Country of Residence:: Street::

City:: Country::

Postal or Zip Code::

Inventor US

Full Capacity Peter

L. Collins

Rockville

MD

12304 Village Square, Apt. 401

Rockville MD

20852

Inventor US Full Capacity

Brian R

Murphy

Bethesda

MD

5410 Tuscawaras Road

Bethesda MD 20816

Inventor Germany Full Capacity Ursula

Buchholz

D-17498

Insel Riems Germany Boddenblick 10, Insel Riems Germany Inventor Authority Type:: Inventor Primary Citizenship Country:: US

Status:: **Full Capacity** Given Name:: Stephen Middle Name:: S.

Family Name:: Name Suffix::

City of Residence::

Gaithersburg

State or Prov. Of Residence:: MD

Street:: 7 Prairie Rose Lane City::

Gaithersburg

State or Province:: MD Postal or Zip Code:: 20878

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Domestic Priority Information

Application:: Parent Application:: Parent Filing Date:: Continuity Type::

Whitehead

60/213,708 Continuation-In-Part

Foreign Priority Information

Country:: Application number:: Filing Date::